

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

04-28-15A08:53 RCVD

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Michael J. Napoleone

**3. Address** (include post office box or street, city, state, zip code)

899 Forest Glen Lane  
Wellington, FL 33414

**4. Telephone**

(561 ) 818-1248

**5. E-mail address**

mike4council2016@gmail.com

**6. Office sought** (include district, circuit, group number)

Wellington Village Council, Seat 4

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my** ☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Kim Leebove

**11. Mailing Address**

6917 Vista Parkway N, Suite 1

**12. Telephone**

( 561 ) 689-9787

**13. City**

West Palm Beach

**14. County**

Palm Beach

**15. State**

FL

**16. Zip Code**

33411

**17. E-mail address**

kim.leebove@gmail.com

**18. I have designated the following bank as my**

☒ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

Wells Fargo

**20. Address**

11900 Forest Hill Blvd

**21. City**

Wellington

**22. County**

Palm Beach

**23. State**

FL

**24. Zip Code**

33414

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

4-27-2015

**26. Signature of Candidate**

X

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Kim Leebove, do hereby accept the appointment

(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

04/27/15

Date

X

Kim Leebove

Signature of Campaign Treasurer or Deputy Treasurer

Rule 1S-2.0001, F.A.C.

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**10. Name of Treasurer or Deputy Treasurer**

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**25. Date**

4-27-2015

**26. Signature of Candidate**



**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Michael Napoleone, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☐ Campaign Treasurer    ☒ Deputy Treasurer.

4-27-2015

Date



Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

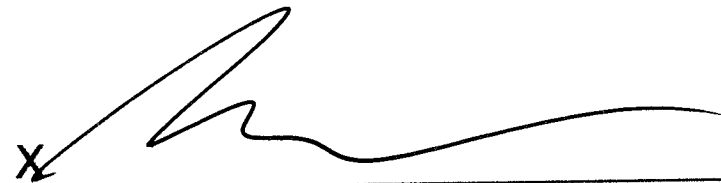
(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

04-28-15A08:52 RCVD

I, Michael J. Napoleone,  
candidate for the office of Wellington Village Council, Seat 4 ;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.



Signature of Candidate

4-27-2015  
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).